

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2010
FORM APPROVED
OMB NO. 0938-0391

45th: 11/20/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/04/2010
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, SMITHVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
825 FISHER AVE P O BOX 848
SMITHVILLE, TN 37166

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations and records review it was determined the facility failed to maintain the emergency lights.</p> <p>The findings include:</p> <p>(1) Observation of the mechanical rooms in the skilled unit on 10/4/10 at 9:00 AM, revealed the emergency lights did not illuminate when tested. National Fire Protection Association (NFPA) 101, 7.9.3</p> <p>(2) Records review on 10/4/10 at 10:00 AM, revealed no monthly and annual test were conducted on the emergency lights. NFPA 101, 7.9.3</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10.</p>	K 046	<p>We have ordered a new battery on October 5, 2010 from Simplex Grinnell. When they arrive, we will put them in place. After the battery has been replaced, then Maintenance Supervisor will check them once a week for one (1) month and once a month for three (3) months. Then, Maintenance Supervisor will have a weekly check for 30 seconds once a week and then once a year, we will have a one (1) hour check.</p>	11/2/10
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>Maintenance Supervisor has placed signs above all pull stations that state "Do Not Block". The Director of Nursing in-serviced nurses regarding not blocking pull stations on 10/13/10. Maintenance Supervisor will visually check each pull station once a week for one (1) month and once a month for (3) months.</p>	10/22/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2010
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, SMITHVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

825 FISHER AVE P O BOX 549
SMITHVILLE, TN 37166

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K 052	Continued From page 1	K 052		
K 062 SS-E	<p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the alarm system.</p> <p>The findings include:</p> <p>Observation of the corridor by room 323 on 10/4/10 at 9:05 AM, revealed the pull station was blocked with a laundry cart. National Fire Protection Association (NFPA) 72, 2-3.5.1</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10. NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p> <p>Observation of the restorative coordinator office and the alzheimer's corridor on 10/4/10 at 9:00 AM, revealed escutcheon plates were missing from the sprinklers. National Fire Protection</p>	<p>K 062 Maintenance Supervisor has ordered new escutcheon plates from Simplex Grinnell on October 5, 2010. When they arrive, they will be placed on sprinkler heads. Maintenance Supervisor visually checked all other sprinkler heads on 10/14/10. Maintenance Supervisor will visually check them once per week for one (1) month and once a month for three (3) months.</p>	10/29/10	

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K 062	Continued From page 2 Association (NFPA) 13, 6.2.8	K 062		
K 064 SS=E	This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10. NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire extinguishers. The findings include: (1) Observation of the corridor by the medical records office on 10/4/10 at 9:20 AM, revealed the fire extinguisher was not inspected in September of 2010. National Fire Protection Association (NFPA) 10, 4.3.1 (2) Observation of the kitchen area on 10/4/10 at 9:35 AM, revealed a fire extinguisher was blocked with a trash can. NFPA 10, 1.6.3 These finding were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10. NFPA 101 MISCELLANEOUS	K 064 (1) Maintenance Supervisor has placed "Do Not Block" signs by the fire extinguishers in kitchen. Maintenance Supervisor will visually check all fire extinguishers for being blocked once a week for four (4) weeks, then monthly for three (3) months. (2) Maintenance Supervisor will inspect fire extinguishers monthly ongoing. All extinguishers were checked on 10/13/10.	10/25/10 10/25/10	
K 130 SS=D	OTHER LSC DEFICIENCY NOT ON 2786	K 130	Maintenance Supervisor will in-service nursing staff regarding proper storage of cylinders.	10/29/10

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825 FISHER AVE P O BOX 549

SMITHVILLE, TN 37188

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K 130	Continued From page 3 This STANDARD is not met as evidenced by: Compressed or liquefied gas cylinders in use or in storage shall be secured to prevent them from falling or being knocked over. Based on observations it was determined the facility failed to secure the oxygen cylinders. The findings include: Observation of the oxygen storage room in the skilled unit on 10/4/10 at 9:15 AM, revealed 4 cylinders of oxygen were not secured. National Fire Protection Association (NFPA) 55, 6-6 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 130	Maintenance Supervisor will visually check all oxygen gas cylinders to make sure that they are properly stored once per week for one (1) month and once per month for three (3) months.	10/29/10
K 147 SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to comply with the electrical codes. The findings include: Observation of the kitchen dry storage room on 10/4/10 at 9:25 AM, revealed a broken light cover. National Fire Protection Association (NFPA) 70, 110-12 This finding was acknowledged by the	K 147	On October 5, 2010, Maintenance Supervisor replaced the light cover in the dry storage room in the kitchen. Maintenance Supervisor visually check all light covers in the building once per week for one (1) month and once per month for three (3) months.	10/22/10

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K 147	Continued From page 4 Administrator and verified by the Director of Maintenance at the exit conference on 10/4/10.	K 147		